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Effective October 1, 2000

| <b>Application</b> | ОГ | <b>Docket</b> | Number |
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| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |                                             |                       |                      |                                       | - :                                           | SMALL ENTITY |                     |                        | OTHER THAN |                     |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|----------------------|---------------------------------------|-----------------------------------------------|--------------|---------------------|------------------------|------------|---------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                             | (Column 1) (Column 2) |                      |                                       | TYPE                                          |              | OR                  |                        |            |                     |                        |
| TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAL CLAIMS                                                                            |                                             | 4                     | L                    |                                       |                                               |              | RATE                | FEE                    |            | RATE                | FEE                    |
| FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R                                                                                     |                                             | NUMBER F              | ILED                 | NUMB                                  | ER EXTRA                                      |              | BASIC FEE           | 355.00                 | OR         | BASIC FEE           | 710.00                 |
| TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TAL CHARGEA                                                                           | BLE CLAIMS                                  | 4 min                 | us 20=               | ٠                                     | 0                                             |              | X\$ 9=              |                        | OR         | X\$18=              |                        |
| INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EPENDENT CL                                                                           | AIMS                                        | / mir                 | nus 3 =              | • 0                                   |                                               |              | X40=                |                        | OR         | X80=                |                        |
| ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILTIPLE DEPENI                                                                        | DENT CLAIM PI                               | RESENT                |                      |                                       |                                               |              | +135=               |                        | OR         | +270=               |                        |
| * If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the difference                                                                        | in column 1 is                              | less than ze          | ro, ente             | r "0" in c                            | olumn 2                                       |              | TOTAL               |                        | OR         | TOTAL               | 1/0                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CI                                                                                    | LAIMS AS A                                  | MENDED                | - PAR                | TII                                   |                                               |              |                     |                        | 10         | OTHER               | THAN                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | (Column 1)                                  |                       | (Colu                |                                       | (Column 3)                                    |              | SMALL               | ENTITY                 | OR         | SMALL               | ENTITY                 |
| ENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                       |                      |                                       | PRESENT<br>EXTRA                              |              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| MOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total                                                                                 | .5                                          | Minus                 | ·a                   | 0                                     | =                                             |              | X\$ 9=              |                        | OR         | X\$18=              |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent                                                                           | •                                           | Minus                 | ***                  | 3                                     | =                                             |              | X40=                |                        | OR         | X80=                |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESE                                                                           | NTATION OF M                                | ULTIPLE DEF           | PENDEN               | TCLAIM                                |                                               | J            | +135=               | - <del></del>          |            | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                             |                       |                      |                                       |                                               |              | TOTAL               |                        | OR         | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | (Oaluma 4)                                  |                       | (Cale                | 0\                                    | (Caluman 0)                                   |              | ADDIT. FEE          |                        | OR         | ADDIT. FEE          |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                       | HIGH<br>NUM<br>PREVI | mn 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                              |              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total                                                                                 | . 5                                         | Minus                 |                      | 20                                    | = '\                                          |              | X\$ 9=              |                        | OR         | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                                                           | • 1<br>NTATION OF M                         | Minus                 | ***                  | <u> </u>                              | <u> -                                    </u> | 4            | X40=                |                        | OR         | X80=                |                        |
| <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PINST PRESE                                                                           | NIATION OF W                                | OLTIPLE DE            | CIADEIA              | TOLAIM                                |                                               | J            | +135=               |                        | OR         | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                             |                       |                      |                                       |                                               | 1            | TOTAL<br>ADDIT, FEE |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | (Column 1)                                  |                       | (Colu                | mn 2)                                 | (Column 3)                                    |              |                     |                        | _          |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                       | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                              |              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                                                                 | •                                           | Minus                 | **                   |                                       | =                                             |              | X\$ 9=              |                        | OR         | X\$18=              |                        |
| NA ELE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Independent                                                                           | •                                           | Minus                 | •••                  |                                       | =                                             |              | X40=                | <del></del>            | OR         | X80=                |                        |
| إلا                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE                                                                           | NTATION OF M                                | ULTIPLE DEI           | PENDEN               | T CLAIM                               |                                               | J            |                     |                        |            | +270=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                             |                       |                      |                                       |                                               |              |                     |                        |            |                     |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  A |                                                                                       |                                             |                       |                      |                                       |                                               |              |                     |                        |            |                     |                        |